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## BIB DATA SHEET

CONFIRMATION NO. 5809

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT          | ATTORNEY DOCKET<br>NO.                                       |
|---|---|--|-------------------------|--|
| 10/541,218  | 06/30/2005  | 324  | 2174                    | 2005-0981A   |
| <b>RULE</b>   |   |  |                         |  |
| <b>APPLICANTS</b><br>Satoshi Matsuura, Kyotanabe-shi, JAPAN;<br>Takahiro Kudo, Katano-shi, JAPAN;<br>Eiichi Naito, Yawata-shi, JAPAN;<br>Hideyuki Yoshida, Kyotanabe-shi, JAPAN;<br>Jun Ozawa, Nara-shi, JAPAN;<br>Mototaka Yoshioka, Moriguchi-shi, JAPAN; |   |  |                         |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP04/01777 02/18/2004   |   |  |                         |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003047024 02/25/2003   |   |  |                         |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>  |   |  |                         |  |
| Foreign Priority claimed  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b> | <b>SHEETS DRAWINGS</b>                                       |
| 35 USC 119(a-d) conditions met  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Met after Allowance | JAPAN                   | 70   |
| Verified and Acknowledged   | Examiner's Signature  | Initials                                     |                         |  |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |  |                         |  |
| <b>ADDRESS</b><br>WENDEROTH, LIND & PONACK, L.L.P.<br>2033 K STREET N. W.<br>SUITE 800<br>WASHINGTON, DC 20006-1021<br>UNITED STATES  |   |  |                         |  |
| <b>TITLE</b><br>Application program prediction method and mobile terminal   |   |  |                         |  |
| <b>FILING FEE RECEIVED</b><br>1750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                         | <input type="checkbox"/> All Fees                            |
|   |   |  |                         | <input type="checkbox"/> 1.16 Fees (Filing)                  |
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